

LICENSEE/SUBDIVIDER COMPLAINT

RE 519 (Rev. 3/93)

RECEIVED DATE

- Read instructions on Complaint Form Instructions (RE 519A) before completing this form.
- Type or print clearly in ink.
- Mail or hand deliver completed form and attachments to the appropriate office; see RE 519A.

INFORMATION ABOUT YOU

NAME (ENTER YOUR FULL NAME)

RESIDENCE ADDRESS (STREET ADDRESS, CITY, STATE AND ZIP CODE)

BUSINESS ADDRESS (STREET ADDRESS, CITY, STATE AND ZIP CODE)

OCCUPATION

BUSINESS TELEPHONE NO. (INCLUDE AREA CODE)

RESIDENCE TELEPHONE NO. (INCLUDE AREA CODE)

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INFORMATION ABOUT PERSON/COMPANY YOU ARE COMPLAINING AGAINST

1. FULL NAME OF BUSINESS, COMPANY, FIRM

BUSINESS TELEPHONE NUMBER (INCLUDE AREA CODE)

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BUSINESS ADDRESS (STREET ADDRESS, CITY, STATE AND ZIP CODE; INCLUDE ROOM, APARTMENT OR SUITE #, IF ANY)

2. FULL NAME OF SALESPERSON, AGENT, OR REPRESENTATIVE

EMPLOYED BY

FULL NAME OF SECOND LICENSEE, IF ANY

EMPLOYED BY

3. DATE(S) OF TRANSACTION

PLACE(S) WHERE TRANSACTION(S) OCCURRED

ADDRESS OF PROPERTY INVOLVED

4. HAVE YOU CONTACTED THE BUSINESS REGARDING YOUR COMPLAINT?

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YES

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NO

IF YES, COMPLETE THE FOLLOWING.

DATE(S) OF CONTACT

PERSON(S) CONTACTED

RESULTS OF CONTACT

5. HAVE YOU FILED THIS COMPLAINT WITH ANOTHER LAW ENFORCEMENT OR CONSUMER PROTECTION AGENCY?

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NO

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YES

IF YES, COMPLETE THE FOLLOWING.

NAME OF AGENCY

ADDRESS OF AGENCY

RESULTS OF THAT COMPLAINT

6. HAVE YOU RETAINED AN ATTORNEY TO ASSIST IN RESOLVING THIS MATTER?

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NO

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YES

IF YES, COMPLETE THE FOLLOWING.

NAME OF ATTORNEY

BUSINESS TELEPHONE NUMBER

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ADDRESS OF ATTORNEY

MAY WE CONTACT YOUR ATTORNEY WITH REFERENCE TO THIS MATTER?

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NO

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YES

7. IS THIS COMPLAINT INVOLVED IN A CIVIL ACTION (LAWSUIT) FILED OR PENDING IN ANY COURT?

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NO

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YES

IF YES, COMPLETE THE FOLLOWING.

NAME OF COURT

ADDRESS OF COURT

TYPE OF ACTION

CASE NUMBER

8. ARE YOU WILLING TO APPEAR AS A WITNESS, BE SWORN, TESTIFY AND CROSS-EXAMINED CONCERNING THE ALLEGATIONS MADE IN THIS COMPLAINT?

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NO

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YES

IF NO, LIST REASONS BELOW.

9. WERE THERE ANY WITNESSES TO THE DESCRIBED TRANSACTIONS?

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NO

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YES

IF YES, COMPLETE THE FOLLOWING AND DESCRIBE IN ITEM #11 WHAT THEY SPECIFICALLY WITNESSED.

FULL NAME OF WITNESS #1

RESIDENCE ADDRESS

YOUR RELATIONSHIP TO THE WITNESS

BUSINESS TELEPHONE NUMBER (INCLUDE AREA CODE)

RESIDENCE TELEPHONE NUMBER (INCLUDE AREA CODE)

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FULL NAME OF WITNESS #2

RESIDENCE ADDRESS

YOUR RELATIONSHIP TO THE WITNESS

BUSINESS TELEPHONE NUMBER (INCLUDE AREA CODE)

RESIDENCE TELEPHONE NUMBER (INCLUDE AREA CODE)

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10. INDICATE WHICH OF THE FOLLOWING DOCUMENTS ARE ATTACHED, INCORPORATED AND MADE PART OF THIS COMPLAINT.

ATTACHED NOT AVAILABLE TYPE OF DOCUMENT

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LISTING AGREEMENT

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DEPOSIT RECEIPT (OFFER)

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CASH RECEIPT(S)

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CANCELLED CHECK(S)

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ESCROW INSTRUCTIONS, AMENDMENTS & CLOSING STATEMENTS (IF ANY)

11

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COPIES OF ALL DOCUMENTS WHICH RELATE TO YOUR COMPLAINT AND WHICH ARE NOT LISTED ABOVE.

11. IN THE FORM OF A BRIEF STATEMENT, GIVE THE FULL ESSENTIALS OF YOUR COMPLAINT BELOW.

- REFER TO RE 519A FOR GUIDELINES RELATING TO STATEMENT PREPARATION.
- INCLUDE FULL NAMES OF INDIVIDUALS, INCLUDING ALL WITNESSES PRESENT DURING THE TRANSACTION(S). BE FACTUAL. TRY TO ANSWER THE QUESTIONS WHO, WHAT, WHERE AND WHEN. ATTACH EXTRA SHEETS IF MORE ROOM IS NEEDED.

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal grey lines across its entire width, typical of notebook or legal stationery. The background is white, and there are no margins, text, or other markings present.

CERTIFICATION

I certify under penalty of perjury that the foregoing statement and attachments thereto are true and correct. Signed this _____ day of _____, 19 _____, in the city of _____, State of California.

SIGNATURE OF COMPLAINANT

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